

MEDICAL AND SURGICAL REPORTER.

No. 377.]

PHILADELPHIA, FEBRUARY 6, 1864.

[Vol. XI.—No. 6.]

ORIGINAL DEPARTMENT.

Communications.

MEDICAL FRAGMENTS.

By A. P. DUTCHER, M. D.,

Of Enon Valley, Lawrence County, Pennsylvania.

(Continued from page 62.)

A Case of Chorea cured with Scutellaria.

The essential features of this malady is a want of co-ordination in the muscular movements of the human body, or rather an incomplete subserviency of the muscles of voluntary motion to the will, rendering their action irregular and tremulous. This want of muscular co-ordination may be either general, affecting the trunk, face, and extremities, or partial, and confined to the face or neck, or to one extremity. This disorder is confined almost exclusively to childhood and youth, and statistics show that it occurs most frequently in the female sex, and in general, between the age of eight and fifteen. It is also said to be confined to individuals of a delicate constitution, those who are thin in flesh, have poor digestive organs, and are of a highly nervous temperament. This may be true so far as the inhabitants of large towns and cities are concerned, but in the country this is not the case. I have met with it most frequently in children of healthy and vigorous constitutions, and in my practice it has almost always been preceded by an attack of acute articular rheumatism, and a severe fright. Such were the circumstances attending the case which we are now about to describe.

January 17, 1859.—I was called this day to attend JAMES A., aged fourteen years, suffering from an attack of acute articular rheumatism. He had been ill three days when I was called to see him, and rapidly getting worse. The disease was playing its most excruciating pranks in the joints of the lower extremities. The knees in particular were very painful, they were swollen and very tender to the touch. His pulse was rapid, hard, and jerking; tongue coated, and mouth very dry; bowels costive; skin hot and dry; complains of pain in the breast just under the sternum. His breathing is hurried, and the heart is pulsating

most violently; on auscultation the bellows sound is elicited very clearly, showing valvular trouble. His urine is scanty, high colored, acid, and its specific gravity 10.28. He has not slept any for two nights, and cannot endure the slightest motion of the affected limbs. He attributes his illness to laying down upon the damp ground to rest after being overheated by playing ball.

We bled him freely from the arm, and ordered one of the following powders every three hours until the bowels were freely moved:

R. Pulv. jalap.	gr. xvi.
Hyd. chlor. mit.	gr. viii.
Nit. potassæ,	gr. xiii.
Pulv. ipecac.,	gr. vi. M.

Ft. in pulv. No. iv.

The next morning he was more comfortable. His bowels had been freely moved by two of the powders. He was now directed to have the alcoholic fumigating bath twice a day, and a tablespoonful of the following every three hours:

R. Acetat. potassæ,	
Nitrat. potassæ,	ss 3ij.
Tinct. verat. virid.,	f3ss.
Syrup. papaver.,	f3j.
Aquæ,	f3v. M.

Under this medication and good nursing he improved rapidly, and in nine days every symptom of the disease had disappeared, and in three weeks he appeared to have regained his usual health.

About the first of March his father's barn was destroyed by fire. It was at night, and while assisting to remove a wagon out of the way of the fire a portion of the building gave way and fell with a tremendous crash; he was so near that one of the burning timbers just grazed his arm. He was most dreadfully frightened, and on going to the house he took a severe chill, went to bed, complained of pain in the head, and had a high fever all day. In the evening the fever abated, and he had a tolerable night's rest. The next morning he still complained of pain in his head, back, and arms; he also complained of numbness, and a tingling sensation in his legs and toes; said they felt as if they were asleep. He was very restless, and frequently asked for a drink. His tongue was coated, and his bowels costive. He was ordered a purge of calomel and rhubarb, to be followed in the evening by a few grains of Dover's powder.

On calling the next morning I learned that he had rested well during the night, but his mother on going to him found him quite helpless. He asked for a drink, and, when she handed him the glass she was surprised to find that he could not hold it, and, when placed to his lips, he had considerable difficulty in swallowing. On further examination she found that he had lost the proper use of all his limbs; he appeared to have no power of directing their movements, they were quite ungovernable. When asked to present his arm he raised it up with a most violent jerk, and brought it down in the same manner. So also with his legs, when he attempted to move them they were jerked about in the most forcible manner. When taken out of bed and placed in the erect posture he could stand with a little assistance, but when he attempted to walk his limbs would jerk in such a violent manner that he would instantly fall to the floor. His articulation was very indistinct, and he had great difficulty in protruding his tongue, and when he attempted it, he appeared to make a very powerful effort, when it was suddenly thrust forward from the mouth and as suddenly retracted. When he attempted to speak the muscles of the face were very much distorted, and gave the countenance a very awkward and ludicrous expression. The muscles of the right side were more affected than the left.

The diagnosis could not be mistaken—CHOREA IN ITS MOST AGGRAVATED FORM.

The patient was directed to be splashed every morning and evening with cold water, and take a tablespoonful of the following three times a day until the cimicifuga produces its specific effects:

R. Cimicifuga racemosa, ℥j.
Aque, f℥xii. M.
Fiat infus.

This treatment was continued for several days, when the cimicifuga, producing its constitutional effects, had to be discontinued. During this time the patient had made no improvement whatever, but in one respect he was worse. At first the jactilating movements ceased when the patient slept, but now they continued during his sleep.

Purgatives, counter irritants, oxide of zinc, iron, strychnia, quinea, valerian, and belladonna, were employed in succession, most faithfully, for nearly three months with but little benefit, and I was about to abandon the case, when I thought, as a last resort, I would try the scutillaria. I had often used it before as a nervine in hysteria and some other nervous disorder with the most marked success, but had never used it in chorea.

The following infusion was ordered to be given three times a day, in four-ounce doses, about two hours after each meal.

R. Scutellaria lateriflora, ℥j.
Aque, f℥xii. M.
Fiat infus.

In four days, without the use of any other therapeutic agents, there was a very decided improvement in all his symptoms, and in four weeks, to the astonishment of his friends, he was restored to his usual health. About a year since he had a slight return of the disease, but a few days' use of the scutillaria banished the difficulty, and he has enjoyed the best of health ever since.

ON BREAST PLASTERS.

By EDWARD PARRISH—PHARMACEUTIST,
Of Philadelphia

There is a frequent demand in practice for suitable emollient, sedative and stimulant plasters, for treating the various stages of phlegmonous inflammation of the mammae of females, and few prescriptions are more closely scrutinized, by patient and nurse, than those designed for the treatment of this very painful and weakening form of disease.

The old remedy, known as Logan's Plaster, which for many years was almost overlooked, has recently assumed importance in this connection. It is made according to a formula published in my work on Pharmacy, third edition, page 778, by boiling together pure Castile soap, oxide and carbonate of lead, olive oil and butter (without salt) till the proper consistence of a plaster is attained, and then adding a little powdered mastich. Though similar to the simple Diachylon or lead plaster, this is of a more emollient character, free from the tendency to become dry and brittle upon the surface and by its consistence adapted, to be spread and applied without the application of more than a very moderate heat—Logan's Plaster is, moreover, not liable to adhere so tightly as to cause pain in removing it.

In Dr. Dewees' Breast Plaster this is one of the ingredients; a modified formula for this now nearly obsolete remedy is as follows:

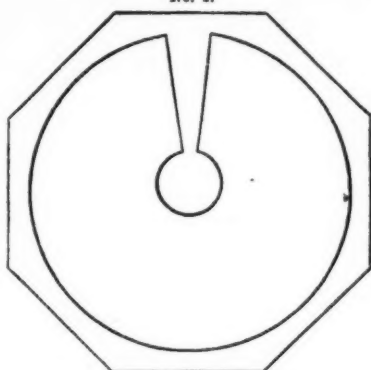
Dewees' Breast Plaster.

Take of Lead plaster, three ounces;
Ammoniac plaster, half an ounce;
Logan's plaster, one and a half ounces;
Spermæti, } of each two drachms.
Camphor, }

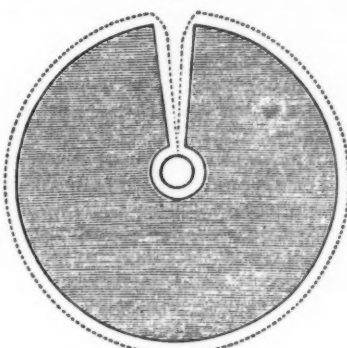
Melt the plasters together, then add the spermæti and camphor and remove from the fire.

The application of ointments and cerates to the breast as substitutes for plasters is rather objectionable, from the fact that the tissue or skin upon which they are spread so rapidly absorbs the

No. 1.



No. 2.



unctuous ingredients, yet Dishler's salve, Ceratum resinae compositum of the Pharmacopœia, is one of the most popular of the stimulating applications and is especially recommended by nurses, who acquire considerable familiarity with the treatment of these troubles.

A very favorite stimulating and anodyne application for this purpose is made by the following formula, furnished me by Wm J. ALLINSON, of Burlington, N. J., and was formerly much prescribed by my brother, Dr. JOSEPH PARRISH:

Improved Tobacco Ointment.

Take of Tobacco leaves, five ounces;
Vinegar, a quart.

Digest the leaves in the vinegar till evaporated to half a pint; strain and express the liquid, then evaporate by moderate heat to about three fluid ounces; triturate this with—

Extract of belladonna, one ounce.

Then take of—

Camphor, in powder, six drachms and a half;
Resin cerate, six ounces and a half.

Mix these by fusion at a moderate heat and incorporate them with the mixed extracts of tobacco and belladonna

The following formula is that formerly much in use by Prof. SAMUEL JACKSON, under the name of

Dissolving Salve for Breasts.

Take of—

Extract of belladonna,	} of each half a drachm;
Extract of conium,	
Tannin, one drachm;	
Soap,	} of each three drachms.
Simple cerate,	

Mix together the cerate and tannin; dissolve the soap in a little water, by a gentle heat, add to this the extract previously rubbed down with a little water; then mix rapidly on a warm slab the two parts together.

Of the applications I have had occasion to dispense during several years past, that prescribed

by Dr. ELWOOD WILSON, consisting of equal parts of Logan's plaster and the official Belladonna plaster, seems the best adapted to rank as a standard remedy in mammary abscess, and I have made it the basis of a plaster which I have supplied to physicians for the requirements of country practice.

The proper shape of mammary abscess plasters for general use is a subject requiring some thought, and I have, I think, made an improvement, in explaining which the accompanying cut, from the new edition of my work, will aid. Such plasters are usually made round, varying from seven to eight and a half inches in diameter, with a hole in the middle for the nipple, they then require to be incised at least half way in from the outer edge, so as by lapping the edges to accommodate it to the convex shape of the breast, a method which causes such inequalities as to interfere somewhat with the emollient effect of the plaster.

Of the two figures, No. 1 represents a pattern which may be cut out of stiff glazed paper or preferably made of tinned iron; No. 2, a breast plaster as spread by the use of the pattern. The diameter of the plaster is seven inches, the margin one inch; the orifice for the nipple is placed rather nearer one side than the other, so as to apply the larger portion on the under, swagging portion of the mamma; the strip remaining unspread is designed to be cut open on the dotted lines, No. 2; by opening or closing or overlapping the edges, on applying it the plaster may be made smaller or larger at pleasure, and may be adapted to the convex shape of the breast without nicking it all round as is usually done.

In regard to the material for spreading these plasters upon, I should decidedly prefer chamois skin over any other prepared skin, its softness and flexibility render it greatly preferable to glazed sheep skin. For cerates, thick and highly glazed muslin will serve a good purpose, but it may require to be nicked to adapt the plaster to the

convexity of the mamma. In using a paper pattern to adjust the shape of the plaster it should have a good deal of paste spread on its under surface so as to continue moist till the operation is completed; a paste of gum Arabic will dry too quickly; plaster may be melted in a ladle and poured upon the skin and spread by the aid of a moderately warm spatula; if melted till very fluid the plaster will "strike through" the skin, which will become brittle; if not melted enough it may be too thick and uneven; in no case should it smoke or give off much odor in being melted and spread, this being a sure indication of its deterioration.

Hospital Reports.

PHILADELPHIA HOSPITAL, }
January, 1864. }

SURGICAL CLINIC OF PROF. S. D. GROSS, M. D.

Reported by Dr. R. G. Ludlow.

Double Dislocation of the Humerus.

Hannah M., aged forty-seven years. A week ago she fell from the roof of a house; the fall produced a dislocation of both shoulders. She died in the Hospital of Bronchio-pneumonia, a short time after being admitted, and before the dislocations were reduced. She was brought in clinic, after death, the parts were dissected, the muscles pertaining to the luxation exposed, and the whereabouts of the heads of the bones discovered. The heads of both bones were found lying inwards and forwards, just below the clavicle, against the second and third ribs, and under the lesser pectoral muscle. This position of the head of the bone, made tense the supra-spinatus, infra-spinatus, the latissimus dorsi, the teres major, and to some extent the biceps muscle, while it relaxed the pectoralis major, which would have been still more so had it not been for the tumour formed beneath its belly by the heads of the bone. The capsular ligament was found to be ruptured in its anterior part, in the direction of the displaced bone; on passing the finger through the rupture into the glenoid cavity, the synovial fluid was found increased from inflammation, and tinged with blood from a laceration of some of the lesser vessels. Dr. Gross spoke of the several positions which the head of the bone was liable to take after having left its socket, namely into the axilla, below the clavicle, on the anterior and lateral aspect of the chest, on the scapula beneath the spine of that bone, in the sub-scapular fossa, and upon the anterior part of the neck of the scapula, below the coracoid process; the last two being merely varieties of the first and second, and of rare occurrence; he also spoke of the deformities consequent upon them, and in this case pointed out the abnormal prominence of the acromion, the marked depression just below the process, the flattening of the deltoid, and the abnormal fullness below the clavicle, where the head of the bone could be both seen and felt, as the most important symptoms on which to form a correct diagnosis. He looked on the case as one of exceeding interest and most remarkable, one which should not be lost to

the cause of science, on account of its extreme rarity. It was remarkable in two particulars: first, in having a dislocation of both shoulders at the same time; and, secondly, in having the opportunity of making a post mortem examination of the parts.

Psoriasis.

Rosannah W., aged forty-three years. Was brought before the class suffering with psoriasis, covering nearly the whole surface of the body; it is of sixteen weeks standing. The patient cannot assign any cause for the disease. Psoriasis is an affection belonging to the category of squamous or scaly diseases of the skin. There are four varieties of squamous diseases; namely, psoriasis, lepra, pityriasis, and ichthyosis. Of these psoriasis is most frequently met with. It appears in the form of little elevations on the skin which soon are covered over with scales, which when removed leave a red slightly elevated surface, soon covered over again by the reproduction of scales. In form the eruption is generally irregularly circular. It may be confined to one locality or be spread over the whole surface of the body, as in the present case. The case in question is one of syphilitic psoriasis. The diagnosis is verified by the copper-colored or bronzed hue of the base of the eruption. The face and scalp are scarcely at all affected. In ordinary psoriasis there is inveterate itching, but in the syphilitic order of this disease, this symptom is absent or present only in a slight degree. The patient before us has some itching, especially when warm in bed. Her health is good. Specific treatment is demanded in this case, and we expect it to be attended with gratifying results. Internally she will take five grains of the iodide of potassium, one twelfth of a grain of corrosive sublimate, with four drops of Fowler's Solution, three times daily. Externally, the soda bath will be employed several times weekly, and the surface will be anointed with an ointment composed of one drachm of ung. zinci carbonas, and five drachms of simple ointment. Her diet must be restricted to vegetable and light animal food.

Ichthyosis.

Ann S., aged fifty years. This case well illustrates another form of squamous disease known as Ichthyosis. The disease came on about a year ago, appearing on both the upper and lower extremities, although much more marked on the lower. This is a disease of the epidermis or true skin. It is characterized by a hardened, thickened, and almost horny state of the cuticle, which breaks up into scales of different sizes, which very much resemble the scales of the fish, whence its name. The disease is unattended with inflammation; the skin around about being healthy, and when the scales are removed, the skin beneath is found to be natural. Sometimes the disease assumes that form known as the porcupine disease, horn-like excrescences, consisting of layers of hardened epidermis, of a yellow, brown, or black color projecting out from the skin. The disease is most frequently congenital, and is found chiefly in Oriental countries. The patient being in a feeble condition, the supporting plan of treatment is indicated. We shall give her a mixture composed of the following: quinia sulph., twenty grains; tinct. ferri. chlo., one ounce; of which she shall take twenty drops three times a day, together with four drops of Fowler's Solution. Externally she is to use the soda bath, two ounces to the gallon of water, once each day. Her diet must be highly nutritious.

UNIVERSITY OF MARYLAND, }
Nov. 25th, 1863. }

MEDICAL CLINIC OF PROF. CHEW.

Reported by Dr. J. W. P. Bann.

Dropsy.

Man, æt 43. Dropsy is generally dependent upon some disease of the liver, heart or kidneys. Drop of the lower extremities is dependent upon weakness, or some functional disorder of the heart, or it may depend on disease of the kidney. Ascites is generally produced by disease of the liver. The prognosis is generally unfavorable as it is generally the result of important disease in one or more organs; often the last expression nature gives before a fatal termination. Here we have general dropsy; the kidneys appear to be healthy; urine tested, no albumen. Bellows murmur pretty well marked, and the turgid condition of the jugular vein make it certain that there is obstructive disease of the heart. The tricuspid valve is not acting properly, does not prevent regurgitation—often occurs in cardiac dropsy as in this case. He coughs very much.

R. Pil. hydrarg.,
Pulv. scillæ.
“ Digitalis, ℞. gr. j. M.
Et ft. Pil. Thrice daily.

R. Potass. bitart.,
Aque, ℞. M.
Take during the day.

R. Syr. scillæ,
“ senegal, ℞. ℥j.
Aq. camph., ℥ij. M.

S. Tablespoonful every three hours.

This mixture is to relieve the cough, and may aid as a diuretic. Perfect restoration cannot be expected. Appetite good. Let him have a weak toddy at dinner as his habits have been intemperate.

Jan. 3. This case was discharged a few days ago in comparatively good health.

Pneumonia.

Man aged 26. When admitted this patient appeared to be laboring under typhoid fever, but yesterday well marked symptoms of pneumonia of the right lung were present. He has not much cough, but little pain, yet there was well marked fine crepitation which marks the first stage; only occurs as the air enters the cells, appears to be all gone to-day. This is one of the most important signs, for wherever it exists there is pneumonia in its first stage.

In this stage the lung is redder than natural, and contains more blood; floats in water; crepitates, but not as much as healthy lung; does not break when pressed between the fingers. Absence of dullness is a proof that the second stage has not taken place. This patient is taking vin. ipecac. in emulsion. No fever; does not feel very sick and his disease might easily escape detection; never had the rusty sputa; can hear some crepitation on the posterior surface.

R. Pil. hydrarg.
Pulv. ipecac et opil ℞. gr. ij.
Crete præp. gr. iv. M.
Et ft. chart. j.

S. Every four hours.

In this case I think it would be absurd to use the lancet or brandy; the latter probably less injurious than the former. I do not think it necessary to use ant. et potass. tart. the patient very likely getting well without it.

EDITORIAL DEPARTMENT.

Periscope.

Neuroma of the Optic Nerve.

A case is detailed by Surg. JOHN A. LIDELL, which is interesting from the fact of involving a nerve of special sense, as their general seat is in the cerebro-spinal system of nerves.

These tumors vary in size from a pin's head to that of a melon; of a regular elongated form, with long axis corresponding with that of the affected nerve. Their consistence depends upon their composition which usually is rather fibrous, although the cellular element may predominate, giving a soft and fluctuating character to the touch. They seldom contract adhesions with the surrounding parts and are readily movable in their transverse diameter, but are immovable in their long axis, and attended with severe pain when the attempt is made.

These tumors are invested with a complete capsule of their own, and never affect the neighboring parts save by mechanical pressure.

“*Neuroma never infects the lymphatic glands, neither in its own neighborhood nor in remote parts of the body, and when properly exercised, it never returns.* In all these respects it differs widely from cancer, and is a disease entirely dissimilar thereto in its real character. Neuromatous tumors are commonly found single, though they are occasionally multiple, and in very rare instances, as many as several hundred are found in the same subject.”

“Nerve-tumors, though commonly, are not always painful. The simple is much more liable to be painful than the multiple form of the disease. The pain, when present, has a peculiar character; the torture is agonizing, and the pain darts along the trunk and branches of the nerve, with all the suddenness of an electric shock; the pain is paroxysmal, and the exacerbations may be produced by pressing upon, handling, or jarring the tumor, by strong mental emotion, by fatigue, and by changes in the hygrometrical condition of the atmosphere, disappearing in dry and clear, and coming on again in damp and cloudy weather. In respect to origin, neuroma is considered to be either spontaneous or traumatic; but whether spontaneous or traumatic, we are no nearer the truth with regard to the special perversion of the nutritive function, upon which the growth of such masses depends. Traumatic neuroma is most frequently seen in the stump of amputated limbs, and its treatment should be conducted on precisely the same principles as that of the spontaneous form of the disease.”

“Medicines, whether applied locally, or taken internally, do not appear to possess the power to stop, or even to retard their growth materially. Extirpation affords the only certain cure, and extirpation by the knife, or excision, is preferable to that effected by any other method, but should not be removed, unless they are painful or cause inconvenience to the patient by their weight and size.”

“Carcinomatous growths may appear in such situations, and when they do so appear, are as distinct from neuroma as cancer of the breast is different from abscess of the same organ. Carcinoma of the nerves presents the same general characteristics as carcinoma in the other soft tissues.”

“Neuroma is distinguished from carcinoma by the following facts: 1. It never affects the surrounding parts otherwise than by pressure, whereas carcinoma involves the neighboring tissues by infiltrating them, and imposing on them its peculiar structure. 2. It

never contaminates the neighboring lymphatic angilla; carcinoma does. 3. While it impairs the patient's general health by pain and distress, causing pallor, emaciation, and debility, it never produces the true cancerous cachexy by specific infection of the system; carcinoma does produce such a result. 4. It does not return after excision; carcinoma does. 5. The pain of neuroma is neuralgic (electrical and paroxysmal) in character; the pain of carcinoma is not."

The comparative rarity of the neuromatous disease, its entire benignity, the liability to mistake a bad case of it in an advanced stage for malignant disease, the fact that it is not amenable to medical treatment, that it cannot be cured short of extirpation, and that it is cured by operation with great certainty, according to the testimony of all observers, and finally, the fact that SURG. LINELL has not been able to find the history or the description of any other case of neuroma, involving the optic nerve, have induced him to place the case on record, as a contribution to the current surgical literature of the day. It is barely possible that individual cases of neuroma of the optic nerve have passed hitherto for cancer of the eye, or orbit, or both, to which indeed, in an advanced stage, it bears some resemblance, and thus have either not been extirpated, or if extirpation has been practiced, the disease has borne another name.

Paralysis Caused by Working under Compressed Air.

This interesting form of paralysis was observed by Drs. BABBINGTON and CUTHBERT in the *Dublin Quarterly Journal*, occurring in workmen employed in removing the detritus from within the piles of the new bridge at Londonderry. The pressure was variable; in some instances 35 and 48 lbs. to the square inch, but averaged perhaps 30-33 lbs. No inconvenience was experienced by the workmen thus engaged, except at first from pain in the ears, which soon passed away, or was relieved by swallowing; headache, hearing acute, anomalous pains in the limbs and a general feeling of distress and uneasiness, were symptoms felt in first passing into the compressed air, but to a much greater extent on this pressure being removed, and this was specially noticed when the transition was rapid, and all the cases occurred at the stage when a person emerged from the cylinder into the open air.

The patient in reaching the outer air suddenly fell insensible, his surface livid and cold, eyelids closed, right side of face partially paralyzed, with the left side of mouth drawn down, pupils sluggish but natural in size; pulse weak and fluttering, and with difficulty reckoned at 150; first cardiac sound almost inaudible, second quite so; respiration very irregular, varying at from 24-44; inspiration short and jerking; expiration prolonged and labored; teeth firmly clenched, though sometimes the mouth moved, and the tongue was slightly protruded. There was evidently a strange combination of these states known as *coma* and *asphyxia*. The deep stupor, the paralysis of the face and immobility of the tongue, all made it too evident that not only the cerebrum, but the medulla oblongata were implicated. After some anxious deliberation, twelve ounces of blood were drawn from the arm and escaped slowly, and was very black, viscid and treacly; the pulse remaining in the meantime unaffected. A stimulating enema of sulphuric ether and turpentine was given and retained, but no effect whatever was noticed from it upon the pulse or respiration. Two cases occurred after having been under pressure about four hours, and presented precisely the same symptoms and were fatal in twenty-four hours. Two other cases presented similar general symptoms after exposure for the same length of time, and lingered without

special symptoms, except that the paralytics in both was below the eighth dorsal vertebra with retention of urine and afterwards bedsores; one of these died at the end of thirty days, the other after one hundred and sixty days. In a fifth case where the patient was much depressed but sensible, there were severe pains in his legs and thighs, not increased by pressure; with numbness of these parts with inability to walk. While sitting with his feet almost in the fire, several of his toes were burned without his perceiving the fact. The man had not been suddenly taken ill, but some hours after taking him from the cylinder. He was placed in a warm bed, plied internally with stimulants, and rubbed with liniments. In two days was well, except the burned parts which slowly recovered. Unfortunately no *post-mortem* examinations were permitted.

Animals kept at the bottom of the cylinder remained there hours uninjured; and candles burned there with unusual brilliancy; so there could be no noxious element present, and moreover the illness had occurred after removal into the open air. The nervous system was evidently the part implicated. The cause of the difficulty must be that the unyielding bony coverings of the brain and spine prevent their contents from yielding to alternating rates of pressure as occurs in other parts, and when this pressure is removed from other parts of the body, it yet remains upon the brain and spine because their bone-encased vessels cannot so rapidly relieve these parts, and the pressure is expended upon the delicate structure of these nervous centres with the peculiar symptoms above recorded.

Bacteria in the Blood.

The following we prepare from the *Dublin Medical Press*: There have appeared two papers upon the above subject in the proceedings of the French Academy, from the pens of MM. DAVAINE and SIGNOT, each claiming the discovery of these infusoria in the blood. M. DAVAINE gives a notice of them as having occurred in the blood of animals afflicted with a disease of the spleen (*sang de rate*). M. SIGNOT says that they are found in horses suffering from typhoid disorders, influenza, in gangrene, &c.

It seems that these bacteria may be transmitted by inoculation with the blood, and afterwards give rise to a further increase of these creatures.

Obesity seems conducive to their presence—another point telling against the principle of over-feeding cattle.

The bacteria are developed in the blood, and not in any special organ.

When any of these bodies are discovered at the beginning of the infection they are very short as well as very scarce, but they will soon be seen to multiply and grow rapidly, their complete evolution only requiring a few hours for its accomplishment. A rabbit, the blood of which merely exhibits a few bacteria from four to six-thousandths of a millimetre in length, died at the end of four hours, and its blood, which was examined immediately afterwards, contained a considerable number of bacteria, some of which—larger than any previously seen—reached the four-hundredths of a millimetre in length.

When the infected animal dies, the bacteria cease to multiply; but when fresh blood is rapidly dried in the air, the bacteria preserve the faculty of inoculation.

The inoculated animal lives but a short time after the appearance of bacteria, but does not seem to suffer during the incubation period.

Coagulation of the blood is the apparent cause of death, as all the large organs seem healthy, but the heart is distended by cohesive clots. The spleen, according to M. DAVAINE, appears to be the focus of their reproduction.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, FEBRUARY 6, 1864.

HOSPITAL FEVER NESTS.

Another sad lesson—the fifth within a brief period—of the melancholy consequences of inattention to the plainest rules of sanitary science, has recently been learned in one of the largest hospitals of the city of New York, Bellevue. Five members of the resident medical staff have paid the forfeit of their lives, and ten more have barely escaped death, within nine months past, from fever contracted in the discharge of their duties to the patients in that institution. These are monuments at which even the most heroic members of our profession may well stand aghast, and ask themselves, or their friends and families may ask for them, whether they are doing right, thus to throw themselves into the very jaws of death at the call of a pseudo philanthropy, while the managers of the institution, as well as the medical staff themselves, betray a gross indifference and neglect of the first principles of preventive hygiene in the management of the hospital.

In commenting upon this calamity, which is but a repetition of what has several times occurred, the *American Medical Times* thus remarks: "The spacious and liberally provisioned hospital buildings, with their thousands of comfortable beds, bear testimony to the beneficent and large purposes of the governing Boards of these noble institutions; but if it occurs that by some failure to conform their administration in accordance with the inflexible laws of sanitary science and the requirements of nature, the costly edifices and the richly furnished wards are transformed into fever nests, and furnaces of infectious and deadly disease, spreading death to all classes of patients, and secretly poisoning the faithful attendants and zealous young physicians who are on duty there, then we are in duty bound to press the inquiry—Who is responsible for the needless sacrifice of these lives?"

Commenting still further upon this case, the editors state that "the essential fact relating to the processes of these fevers is, that they rapidly waste the organic elements of the human structure, and that in ordinary apartments with an atmosphere at all confined, as by closure of win-

dows and open fire-places, the typhic poison is fearfully communicable or personally infectious and contagious, and these are the facts that demand attention from the governing Boards of our hospitals."

Here, then, we have an answer to the question, where to place the responsibility of this fatality among our medical brethren, as well as much of that among their patients, and there is no doubt whatever of the correctness of the position of the *Medical Times*. A gross neglect of the plainest rules of hygiene is chargeable upon the managers of these hospitals, and we grieve to say, that we must regard the medical boards *particeps criminis* with the lay board of governors. It is through neglect of their first duty as medical advisers and practitioners, the supply of pure air in copious streams, and the separation of typhus patients from all others, that the latter may not be disturbed by the hygienic appliances essential to the former, that these "costly edifices and richly furnished wards are transformed into fever nests and furnaces of deadly disease," and they will be held responsible either for ignorance or neglect of this obligation. It will be in vain for them to reply, that the arrangement and management of the buildings and wards as to ventilation, purification, etc., are not upon their shoulders, but upon the "Commissioners of Charities and Corrections," by whom they are appointed. These latter gentlemen, though they get good salaries and have but little to do, while the Medical Board get nothing and do a great amount of work, have a right to assume, in the absence of any complaint or advice from the medical men, that the wards are in suitable condition for the treatment of the patients, and if the otherwise faithful and devoted physicians sicken and die in the discharge of their duties in consequence of this neglect, who but themselves can be held responsible? But if they can show that they have remonstrated, or suggested improvements which have not been adopted, then have they shifted their responsibility wholly upon others' shoulders.

On the occasion of the death of Dr. EUGENE O. ROWE, the last thus far, of the victims of the Bellevue "fever nest," sympathising resolutions were passed at meetings of the Class of Bellevue

Hospital Medical College, of the members of the resident Medical Staff, and of the Board of Commissioners, all expressive of deep sorrow at his loss, and of appreciation of his high qualities as a man and a physician; but we fail to find a single word of determination or counsel, so to improve the condition and management of this "furnace of infectious disease" as to prevent additional catastrophes of similar character.

MEDICAL SOCIETY OF NEW JERSEY.

This, the oldest, the hardest working, and the most useful medical society in the United States, held its *ninety-eighth* annual session in the city of Camden on the 26th and 27th ult. Nearly every county of the State was represented by some of its most intelligent physicians. To a friend of medical organization the sight of such a collection of men was a pleasing one.

The meeting was called to order by the President, Dr. T. R. VARICK, of Jersey City, who read an unusually interesting and learned essay on the mental faculties. This essay will be published with the transactions. Dr. S. L. CONDIOT, of Jersey City, presented for the consideration of the Society, the subject of a memorial to the Legislature for the establishment of an Asylum for Inebriates. He supported it with some very forcible remarks on the necessity of such institutions as demonstrated by the number of applications already made to the New York State institution before the buildings are ready for occupation. Dr. CONDIOT also made some apposite remarks on the treatment of mania-à-potu, in which he claimed great superiority for the non-stimulant method, in which we entirely agree with him, except in occasional cases. The subject was favorably received by the Society, and a committee appointed to memorialize the Legislature in the name of the Society.

Dr. T. F. CULLEN, of Camden, the Essayist by appointment, read a very valuable and interesting paper on the influence of the war on American Medicine and Surgery. In the course of his essay he had occasion to animadvert very strongly on the airs of superiority over civil practitioners, sometimes assumed by army surgeons. The doctor very properly assigned to such medical officers a very low grade, both as professional

men and gentlemen. It is cause of congratulation that there are comparatively few such men in the medical staff of the army, and that their numbers are rapidly diminishing by weeding out the ignorant and presumptuous. The essayist was very severe on the Sanitary Commission's Surgeon-General for some of his questionable acts.

Dr. ABRAHAM COLES, of Newark, read a very fine essay on Gangrene. It is to be hoped that he will continue his investigations, as the opportunities are greater now than they will be likely to be again for some time to come, if ever.

The Report of the Standing Committee was read by its very efficient Chairman, Dr. STEPHEN WICKES, of Orange. His report, which was a resumé with observations of his own, of the reports from the several District Medical Societies, was a most valuable and interesting paper. Such papers are a credit to our noble profession, and cannot help aiding much in its advancement. The Standing Committee of the Medical Society of New Jersey is an "institution" in that State, much more worthy of imitation than other "institutions" the State has that might be named. We would commend this feature of the New Jersey Society to our brethren in other States. Every district society, with the exception of three, reported to the Standing Committee. Dr. WICKES is the most capable man the Society has ever had in the position of Chairman of the Standing Committee, and the Society shows its good sense by keeping him there.

A supplement to the State law incorporating the Medical Society of New Jersey was reported and a committee appointed to urge its passage through the Legislature. It is an improvement on the old law.

Drs. T. W. BLATCHFORD, of Troy, on behalf of the State Medical Society of New York, and R. P. THOMAS, of Philadelphia, on behalf of the Pennsylvania State Medical Society, presented the congratulations of the societies they respectively represented.

There was much other business of interest and importance transacted that we have not space to chronicle. Dr. E. M. HUNT, of Metuchen, was elected President for the ensuing year. The next meeting will be held on the 4th Tuesday of January, 1865, at Burlington.

Notes and Comments.

Mortality of Cities in 1863.

The following, which we find in the Providence (R. I.) Journal, we attribute to Dr. E. M. SNOW, of that city:

"The year 1863 was marked by an increased, and in some respects, remarkable mortality throughout the country, in the rural districts as well as in cities. There appears to have been no general, or wide-spread epidemic, but a general increase of mortality from all causes. In some sections of New England and in other States, there were severe epidemics of diphtheria, scarlatina, typhoid fever, and spotted fever, and during the present winter there is existing a general epidemic of influenza, commonly, but improperly, attributed to "taking cold." This has largely increased the mortality of aged persons, and in some places has proved fatal to many of the middle-aged.

"The following table shows the number of deaths, and proportion of deaths to population in a few cities in 1863:

	Estimated population.	Deaths, 1863.	Of population one in.
New York, .	900,000	25,196	35.7
Philadelphia, .	620,000	14,220	43.6
Boston, . .	194,000	4,698	41.2
Newark, N. J., .	85,000	1,952	43.5
Providence, .	55,000	1,214	45.3
Hartford, . .	32,000	583	54.8
Newport, . .	12,000	364	32.9

"The increase in 1863, in the number of deaths, over the previous year, was as follows:

New York, increase 3,952, or 18.60 per cent.

Philadelphia, increase 691, or 4.57 per cent.

Boston, increase 578, or 14.02 per cent.

Providence, increase 300, or 32.82 per cent.

Newport, increase 176, or 93.61 per cent.

"The population of the cities is given at an increase of about ten per cent, on the population in 1860. Some of the cities claim a much greater increase without sufficient reason as we think."

The clinical cases of Dr. A. JACOBI, Professor of Diseases of Children in the New York Medical College and Charity Hospital, published in No. 375 of the REPORTER, were furnished to us from a responsible source, from whence we have received many acceptable and accurate reports from New York, and we had no doubt of their accuracy. Dr. JACOBI complains, however, that they contain errors, and misrepresent his views of Pathology, and he does not wish to be held responsible for them.

St Louis Medical and Surgical Journal.—We have just received the prospectus of this, our old cotemporary, the publication of which was suspended three years ago. We heartily wish it success.

Correspondence.

FOREIGN.

LETTERS FROM Dr. W. N. COTE.

PARIS, Jan. 7, 1864.

Redoul—A Poisonous Plant.

Dr. RIBEAU publishes some interesting details on a plant called redoul (*cortaria mystifolia*), and which, he says, owes its poisonous properties to a glucoside he calls *coriamyrtine*, which causes the same convulsions as the plant itself. A fifth of a grain administered to a large dog, and partly rejected immediately after by vomiting, produced horrible convulsions in the course of twenty minutes, and caused death after the lapse of seventy-five minutes. One-fiftieth part of a grain injected under the skin of a rabbit killed it in twenty-five minutes. The phenomena are tetanic, and death is caused by asphyxia and nervous exhaustion. After death the heart, pulmonary artery, and lower vena cava, are found gorged with brown coagulated blood; the lungs are marked with brown spots, and the meninges are injected. *Coriamyrtine* does not irritate the mucous membrane of the intestines, and does not destroy muscular contractility.

Yellow Fever.

Dr. BERTULUS of Marseilles, gives the following as the prodromic symptoms of yellow fever. The period of incubation, as you are aware, is contested by some physicians, and admitted by others. A particular sulphurous odor of the breath. This odor indicates the beginning of putrid fermentation, which, afterwards manifests itself by general infection, decomposition of the blood, and rapid putrefaction of the body. This fermentation always arises from a premonitory gastric or bilious obstruction. Dryness of the skin. HUMBOLDT writes of a barber of Jalapa, that he used to foretell yellow fever to travellers, every time the soap on their face would dry with rapidity, owing to cutaneous heat. The creoles and colored people are well aware of the value of this sign. Dryness of the throat, and inflammation of the amygdalæ are usually remarked in connection with the aridity of the skin. *Nervous erythema*. During the period of incubation of yellow fever, the patient becomes irritable, listless, and feels great anxiety; his sleep is short and interrupted by fearful dreams. Pulsation of the celiac trunk. This phenomenon, which usually coincides with a sensation of heat in the abdomen, is one of the most constant premonitory symptoms. Dr. BERTULUS found it in every one of the one hundred and sixteen patients he attended on board of the *Caravane* in 1840. The persistence of those pulsations in the other periods of the fever, is a very grave symptom. During convalescence it is a pretty certain indication that a relapse will take place. According to Dr. BERTULUS, the pulsations of the celiac trunk are the

result of intense hyperemia of the abdominal vascular system, and the main cause of the black vomit. Bleeding has no favorable effect on these pulsations, a fact tending to show that the abdominal fixation is not of an inflammatory nature, but may be attributed to the nervous system.

Dr. BERTULUS proposes the following treatment during the period of incubation: Vegetable diet, acidulated drinks, ipecacuanha to be administered as long as required by the state of the tongue—and fetidity of the breath, laxative injections, tepid baths, leeches in the anal region, or bleeding at the foot; if the patient be of a sanguine temperament, mustard foot-baths. The period of incubation may vary in ordinary cases from three to twenty days, and sometimes exceed a month.

Aspermatism.

Dr. DERMANAT, in a work on aspermatism, a disease in which the emission of sperm becomes impossible, comes to the following conclusions:

1. Aspermatism is a rare form of impotence which may be traced to many different causes.
2. These are, stricture of the urethra, hypertrophy or degeneration of the prostate gland, wounds in the bladder and perineum, obliteration, section, or atony of the ejaculator canals, vesiculæ seminales, and canal deferens, tubercular, cancerous, etc., deposit at the root of the epididymus, atrophy of the testicles, or deposit in their substance.
3. The prognostic is grave on account of the influence this infirmity exercises upon the encephalic centres.
4. The curative treatment should be directed against the cause.

Spontaneous Generation.

At the late sitting of the Academy of Sciences, a letter was read from M. POUCHET, in which he declared his adhesion to MM. JOLEY and MASSET's refutation of M. PASTEUR's experiments intended to prove the non-existence of spontaneous generation. "I certify," wrote M. POUCHET, "that at whatever point of the globe I may take a cubic décimètre of air, so soon as I shall have put it in contact with a putrescible liquid enclosed in a glass balloon hermetically sealed, the latter will *constantly* be peopled with living organisms." He further stated that M. PASTEUR's experimental method was radically defective, and that if MM. JOLEY, MUSSET, and POUCHET, consented to adopt it, it was only in order to meet M. PASTEUR on his own ground.

Wasium—Another New Mineral.

In examining a Swedish mineral containing silica, alumina, yttria, oxide of iron, cerium, didymium, lime, manganese, and several other metals or metallic oxides, M. BAHR lately observed what appeared to be the oxide of a new metal resembling aluminium. Having extracted it by a complicated process, the principal stages of which were solution in hydrochloric acid and precipitation with oxalate of potash, he obtained the oxalate of the oxide of the supposed new metal, which appeared under the form

of a white powder slightly tinged with red. M. BAHR succeeded in separating the new metal, which he called *Wasium*, and represented it by the chemical symbol *Ws*. The specific gravity of the oxide he found to be 3.726; before the blow-pipe it gave with borax, a clear and colorless glass; the examination of its spectrum was without result. M. NICKLES has since maintained that M. BAHR's oxide of wasium is nothing more or less than impure yttria, containing some didymium and tubium.

The New Metal Indium.

MM. REICH and RICHTER announce a new metal which they have found in examining a specimen of arsenical pyrites, in the mining laboratory of Freiberg. The chloride of this new metal, which they call *Indium*, is volatile, and was obtained along with chloride of zinc. The spectrum of the new metal contains a line of indigo-blue light more refrangible than the strontium blue line. There is a second faint blue line which almost, but not quite, coincides with the blue line of potash. The reactions of this metal are the following:—Sulphuretted hydrogen gas does not give any precipitate in the acid solution of the chloride. Ammonia throws down the hydrated oxide from the solution of the chloride. The dry chloride of indium is deliquescent. The oxide of indium gives a bead of the metal itself, when it is ignited with charcoal and soda. The metal itself, gives a yellow sublimate when heated before the blow-pipe. This sublimate gives not characteristic reaction with cobalt solution. The metal is lead-grey, ductile, and very soft. Eminent chemists have declared their opinion that, there is no delusion in this case.

Callus.

Dr. JOBERT DE LAMBALLE has published another paper on the subject of callus, or that secretion which nature has provided in order to join fractured bones together again. You remember that in the first paper I mentioned some weeks ago, he described four different theories admitted by practitioners to explain the phenomenon. In the present one he continues their enumeration with a view ultimately to overthrow them all. According to the fifth theory, the fragments are reunited by a process similar to that observed in the case of the fleshy parts. Buds of flesh, so to say, or caruncles, grow out of the fractured surfaces, come into contact with each other, are then transformed into cartilage, and ultimately into bone. BICHAT distinguishes three periods:—in the first, these fleshy caruncles are formed; in the second, they become cartilage; and in the third, bone; but in his opinion, the cartilage is at first vascular and cellular, then it acquires cellular tissue, vessels, then gelatine from the caruncles, and lastly, calcareous matter. The sixth theory admits that callus may be formed by lymph, which becomes vascularized, and then cartilaginous and osseous. HUNTER supposes certain granular excrescences developed between both ends of the fractured bone. RICHERAND believes that

bones will join again at once, on being nicely readjusted, through the medium of the gelatine, which has been emitted. According to MM. BRESCHET and VILLERME, during the first period (from the moment of the accident to the 8th, 11th, or 16th day) blood is spilt and coagulates; the parts around are inflamed and swollen, the medullary canal is either partially, and the coagulum is reabsorbed. During the second period, that is from the 16th to the 25th day, the swelling of the callus is distinguishable from that of the surrounding organs, the medullary canal is obliterated at the point of fracture, and the medullary membrane is swollen. During the third period, from the 26th to the 60th day, the tumor of the callus becomes cartilage, and ends in forming two rings, an inner and an outer one, around the fracture. During the fourth period, from the end of the 2d to the 6th month, the ossified callus is changed from spongy to compact tissue, and during the last period, from the 6th month to the 12th, the medullary canal is restored, the periosteum returns to its ordinary state, and the medullary membrane and marrow are reproduced. The seventh and most modern theory supposes that after the reabsorption of the blood, the plastic lymph exuded is soon invaded by a number of cells separated from each other by a cartilagenous tissue which soon becomes bone. Dr. JOBERT concludes by a praise of the practice of vivisection, without which physiology could never, he says, have made the immense progress we now mention.

W. N. CÔTE.

DOMESTIC.

Anæsthesia—Morton's Patent and its Validity.

Having shown how irretrievably MORTON and JACKSON had committed themselves to the unity of their efforts in discovering anæsthesia, and making it (as they pretend) practical (which unity they not only recognized in one document, but actually swore to in another,) this would seem to be the proper place for inquiry into the legal validity of the letters patent which the former obtained on the joint application of both.

I have already adverted to the specifications annexed to such letters, and have given my readers some idea of their contents. It is believed that a little fuller exposé may be advantageous to an intelligent disposition of this question.

They commence with the allegation that they, (MORTON and JACKSON) "have invented or discovered a new and useful improvement in surgical operations on animals" (including of course man) "whereby" they "are enabled to accomplish in many if not in all cases operations" * * "without any or very little pain to or muscular action of persons undergoing the same." They next speak of the composition of ethers particularly of sulphuric ether, and add that "it has long been known" that when "introduced into the lungs, it produced a peculiar effect on the nervous system analogous" to that resulting from "intoxication;" but they continue

—"it has never (to their knowledge) been known until their discovery that the inhalation of such vapors (particularly that of sulphuric ether) would produce" such an insensibility as to render the action of the surgeon's knife or other instrument of operation painless. "This" they announce is their "discovery" and the application of it to surgery, so as to alleviate pain and prevent muscular action their "invention." The practical application of this agent (they say) the surgeon will learn from experience; "various modes may be adopted for conveying etheric vapor into the lungs." These or several of these they proceed so describe. They disclaim the introduction of narcotics into the stomach as being any part of their invention, and tell us that they "operate through the lungs and air passages" and then they conclude with what is technically called "THE CLAIM" of the specifications—the gist of the whole matter—on which the legal sufficiency of every patent must turn. I quoted "the claim" in this case in my last communication and I reproduce it here to the end, that my readers may have it distinctly before them.

"What we claim as our invention, is the hereinbefore described means by which we are enabled to effect the above highly important improvement in surgical operations, viz.: by combining them with the application of ether or the vapor thereof as above specified."

I am of the opinion that this patent is on its face null and void for the following reasons:

1. According to the Act of Congress letters patent can only be granted to one who has "discovered or invented any new and useful art, machine, manufacture, or composition of matter, or any new and useful improvement in the one or the other. The law contemplates either the invention of something new or an improvement of something old, and in either case the subject must be some "art, machine, manufacture, or composition of matter." The party applying must distinctly claim the one or the other, and cannot at one and the same time claim both. In these specifications there seems to be a complete jumble of ideas. The applicants in the preliminary part of the specifications sometimes characterize the result of their labors as being their "discovery" and sometimes as their "improvement," and the same confusion of ideas is ever carried into "the claim" so-called which should even be characterized by the greatest precision and accuracy of language. They first say "what we claim as our invention, is the hereinbefore described means." What means? The vapor of sulphuric ether? Or certain appliances by the use of which the vapor can be readily inhaled? If the former, it is clearly not patentable. If the latter, why do they not specify precisely what? Then their invention degenerates into an "improvement" that is to say of something already known. Of what? Surgical operations! "by combining therewith the application of ether or the vapor thereof!" which they do not in the claim part of the document tell us!

2. There is no pretence for saying that JACKSON

and MORTON "discovered or invented any new and useful art, machine or manufacture, or any new and useful improvement" in any known art, machine or manufacture, but did they discover or invent any new and useful composition of matter, or any improvement in such composition? According to "the claim" they had made an "invention," and that consisted in effecting a "highly important improvement in surgical operations, viz.: by combining therewith the application of ether or the vapor thereof." Such combination can hardly constitute "a composition of matter" though both new and useful." "We combine," they say, either "ether or the vapor thereof" with surgical operations. But ether is a liquid and can only be imbibed through the stomach, and operating through that organ, they disclaim. The vapor of ether can be used by inhalation, as a useful preliminary to a surgical operation, but how can it be said to be combined with it? What does the science of surgery imply? A thorough knowledge of the whole physical system of that being who is said by an authority which we should all reverence, to be "fearfully and wonderfully made;" a knowledge of the location, magnitude, and functions of all his vital parts; of his bones, arteries, veins, muscles, nerves, etc., and how to apply and direct the knife so as to make the operation successful. It is requisite that the professor of the art should have a quick eye, a steady hand and an unflinching purpose. In short, he should be completely master of a subject more recondite, complicated and difficult than almost any other, and have united with this knowledge a tact and skill such as long and close observation and much experience can confer. With an ideal that is almost sublime, Messrs. JACKSON and MORTON propose to combine something material, viz.: the vapor of sulphuric ether and therefrom to extract "a composition of matter" so as to bring their case within the purview of the patent laws. But that will hardly do.

3. A party may by combining an old element with a new one, or even two old elements in either case producing a new and useful result or "composition" entitle himself to a patent; but when he merely makes a new use of an old element, it clearly is not a case of invention, but merely of discovery and is not patentable.

4. JACKSON and MORTON did not invent sulphuric ether,—they did not make any improvement in the same; they did not render it volatilizable; they did not ascertain even that it could be inhaled, nor that being so it produced excitement and some degree of insensibility, but only discovered (if they did anything) that if inhalation be pushed far enough the effect is to paralyze the nerves of sensation so far that teeth can be extracted or a surgical operation performed without pain.

5. They had only used an old article in a common way, and produced a well known effect, but had discovered that such effect can be so far intensified as to invest the surgeon with almost miraculous power. In short, they had detected one of the great

secrets of nature, and to call such a discovery "an art, machine, manufacture, or composition of matter," or "an improvement in ether," is an obvious absurdity. If JACKSON and MORTON had discovered that quinine or opium would cure the hydrophobia, the case would be precisely analogous to the present. It is certain that a patent cannot be sustained on any such ground. Surgeons and physicians are incessantly making new uses of old remedial agents, and if patents were allowed therefor they would become innumerable.

These are the reasons of the conclusion to which I long since arrived, that the patent accorded to MORTON for the supposed discovery of himself and JACKSON, was and is an entire nullity, and I rejoice in the ability which I now have to confirm this conclusion, by the opinion and judgment of a highly competent court.

Sometime since MORTON, after taking up subscriptions in Boston, New York, Philadelphia, and perhaps some other cities, to a large amount, as a recognition of and a reward for his services in making this discovery, cool turned round and instituted a suit against a public charity—the New York Eye Infirmary—for having made some use in their operations of the vapor of sulphuric ether, and thus violated his humbug patent. The case was brought to trial some time since before the Hon. Judge SHIPMAN holding the Circuit Court of the United States for the Southern District of New York, and after spending two days in taking evidence to prove the use of ether by the defendants and the great value of the discovery (which nobody doubts or denies) the learned judge deemed it to be his duty to stop the inquiry, which he did, and directed the counsel to argue the question of the validity of the patent, and this was done accordingly. The Judge had no difficulty in coming to a result adverse to the patent; he pronounced the discover not within the scope of our patent laws, and the letters issued to MORTON null and void. He therefore dismissed the case, but accorded to the plaintiff's counsel the privilege of making a motion for a new trial, that the question might be re-examined before a full bench. This re-examination subsequently took place before Judge NELSON, of the Supreme Court, and SHIPMAN, District Judge, and after an elaborate argument the decision of the Court below was affirmed. Judge SHIPMAN drew up the opinion which is characterized by acute perception, a philosophical turn of thought, and a just appreciation of the subject in all its bearings. He places the question on grounds far above the regions of doubt or controversy. In conclusion, he says that our patent laws are "inadequate to the protection of every discovery by securing its exclusive control to the explorer to whose eye it may be first disclosed."

"A discovery may be brilliant and useful and not patentable. No matter through what long solitary vigils or by what important efforts the secret may have been wrung from the bosom of nature or to what useful purpose it may be applied,

something more is necessary. The new force or principle brought to light, must be embodied and set to work, and can be patented only in connection or combination with the means by which, or medium through which it operates. Neither the natural functions of an animal upon which or through which it may be designed to operate, nor any of the useful purposes to which it may be applied, can form any essential parts of the combination, however they may illustrate and establish its usefulness." In this opinion the Hon Judge NELSON fully concurred. If any of my readers wish to enjoy as I have, the emanations of the calm, enlightened, judicial mind, I refer them to a report of this case with Judge SHIPMAN's opinion at length in "The American Law Register," September No. 1863, pp. 672 to 682.

It is hoped that my readers will be prepared to admit that I am making some progress with this subject. I have reduced the competing claims to the honor of this great discovery from three to two—the JACKSON-MORTON claim on the one hand, and the WELLS claim on the other, and I have thrown off the rubbish of MORTON's patent, and this lets me into a consideration of the subject on its real merits. Who was the benefactor of mankind in this connection? Was it HORACE WELLS alike estimable and unfortunate? Are JACKSON or MORTON or both entitled to any credit, and if so, what? I doubt not I shall be able to give hereafter such response to the inquiries as that nothing but the audacity and recklessness of MORTON and the conceit and self-delusion of JACKSON will be likely to gainsay.

A LOVER OF TRUTH AND JUSTICE.

Case of Poisoning by Gun Caps.

EDITOR MEDICAL AND SURGICAL REPORTER:

On December 22, 1861, I was summoned to see a child of Mr. B., which was supposed to be about dying with convulsions. Being a distance of several miles from my residence, it was about half an hour before I saw it. On my arrival at the house of my little patient the mother met me in tears at the door, exclaiming, "Oh, my babe is about gone." Upon inquiry she stated the child had been quite well and playful up to within a few hours of sending for me, when she first noticed something strange about its appearance, as it acted just like a person intoxicated, would fall when attempting to walk, laugh and cry, and bite any thing it could reach; at length it became pale, when convulsions set in with frothing at the mouth. The age of this child was twenty months. I found it lying on its back on a sofa, apparently in the last struggles of death. The mouth open, the pupils considerably dilated, the surface cold and clammy, respiration stertorous, pulse scarcely perceptible. Upon examining the abdomen it was found considerably distended, and a peculiar rumbling on pressure as if its cavity were filled with water. Supposing the child to have swallowed some poison or irritating substance, I immediately administered an emetic of ipecac., which

was with some difficulty swallowed. This being retained some time, an enema of starch and mustard was being prepared, but before it was quite ready the bowels moved spontaneously and copiously. Upon examining the feces, thirteen gun caps were found. They were divested of their composition and copperish color, looking white as tin, in a few minutes another evacuation followed in which were found nine more of the caps. The stools were quite green, with a most offensive odor. The nurse of the child now testifies that she gave the child a box of the caps from a window to play with, in the morning about 9 o'clock. Soon after she found them scattered over the floor, when she gathered them up and put them away.

The child continued in a perfect stupor until about 12 o'clock the next day, when it gradually became sensible. The powerful poisonous and stimulant effects of the phosphorus, probably contained in the caps yielded to treatment. The ipecac. failed to act as an emetic, although small doses of ipecac. and magnesia were subsequently given every two hours for twenty-four hours; the child never vomited at all, and in a few days was ready to eat more gun caps!

J. C. DREHER, M. D.

Western Star, Ohio, Jan. 25, 1864.

Army and Navy News.

Clothing for Soldiers from Small-Pox Hospitals.

SECURON-GENERAL'S OFFICE,
WASHINGTON, D. C., Jan. 26, 1864. }

[Circular No. 3]

By order of the Secretary of War, gratuitous issue of necessary clothing will be made to soldiers returning to duty from small-pox hospitals.

JOS. K. BARNES,
Act. Surg.-General.

The Employment of Persons of African Descent.

Circular Letter.

SECURON-GENERAL'S OFFICE,
WASHINGTON, D. C., Jan. 29, 1864. }

Copy.

WAR DEPARTMENT, ADJUTANT-GENERAL'S OFFICE,
WASHINGTON, January 18, 1864. }

[General Orders No. 23]

General Orders No. 390, dated War Department, Adjutant-General's Office, Washington, December 8, 1863, is hereby revoked, and the following substituted therefor:

The employment of persons of African descent, male or female, as cooks or nurses, will be permitted in all United States General Hospitals.

When so employed they will receive ten dollars per month and one ration. They will be paid by the nearest Medical Disbursing Officer, on rolls similar to those used in the payment of men of the Hospital Corps.

By order of the Secretary of War.

(Signed) E. D. TOWNSEND,
Asst. Adj't-General.

Respectfully furnished for the information of Medical Directors

By order of the Acting Surgeon-General.

C. H. CRAW, Surgeon, U. S. A.

Artificial Tongue.—**M. MAISONNEUVE**, Surgeon of the Hôpital Dieu, describes, in "Cosmos," how he removed from a patient the whole of a tongue affected with cancer, by means which he terms *cauterization en feches* so as to cause all the diseased portions to slough off in one mass. This patient, after the removal of tongue, could neither swallow nor speak, but performed both these functions on being supplied with a gutta percha tongue of the natural size.—*Lancet*.

Medical Society of the State of New York.

The State Medical Society adjourned on Thursday, after electing the following officers:

President, **FREDERICK HYDE**.

Vice-President, **GEORGE J. FISHER**.

Secretary, **S. D. WILLARD**.

Treasurer, **J. V. P. QUACKENBUSH**.

A full report of the proceedings which were unusually interesting, will be published in our columns.

ANSWERS TO CORRESPONDENTS.

Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and State from whence their letters are sent.

Drs. T. G. C., N. J.; C. S., N. Y.; T. D. F., Ill.; G. J. P., Penna.; and K. G. T., Ohio.—Your Visiting Lists were mailed to you on the 3d inst.

MARRIED.

GIBBS—BURNHAM.—On the 19th of January, at the residence of the bride's father, in Nashville, by the Rev. F. E. Miller, of Forestville, O. C. Gibbs, M. D., and Miss Ellen M. Burnham, of Nashville.

HOLGATE—DR. BARRY.—On Tuesday, Jan. 12, at Philadelphia, Lieutenant A. H. Holgate, of the U. S. Army, and Gertrude M., only daughter of the late Dr. Edmund L. Du Barry, of the U. S. Navy.

THOMPSON—OSBORNE.—At Madison, N. J., on Tuesday, Jan. 19, by the Rev. J. M. Johnson, Edwin B. Thompson, Acting Asst Surgeon, U. S. A., and Helen E. Osborne, of Beloit, Wisconsin.

DIED.

DADÉ.—At the International Hotel, St. Paul, Min., on the afternoon of the 21st inst., Frank Bolling, only child of Dr. F. T. and Laura H. Dade.

SMITH.—At Hyde Park, N. Y., on Tuesday morning, Alex. H. Smith, M. D.

MEIER.—On Tuesday, Feb. 2, in New York, Carl Theodore Meier, M. D., aged 53 years.

ROWE.—On Tuesday morning, Jan. 12, of typhus fever, contracted while in the performance of his duty as a member of the Medical Staff of Bellevue Hospital, New York City, Eugene O. Rowe, M. D., youngest son of James Rowe, Esq., of Sing Sing, N. Y., in the 22d year of his age.

THOMAS.—In this city, on the 3d inst., Robert P. Thomas, M. D., in the 43d year of his age. An obituary notice will be published.

THOMAS.—In Alliance, Ohio, on the 14th inst., of pyæmia, caused by the prick of a bone while operating, E. L. S. Thomas, M. D.

THOMAS.—In Hawley, Wayne Co., Pa., Dec. 22d, 1863, Dr. John E. Thomas, in the 42d year of his age.

Dr. Thomas attained a degree of eminence in the profession and was, at the time of his death, President of the Wayne County Medical Society. He died of ulceration of the bowels, after a painful and lingering illness, which he bore with christian fortitude and resignation. He will be greatly missed in the community as a good physician, by the Church as a consistent Christian, and by his family as a kind and devoted husband and father.

LAWSON.—In Cincinnati, Ohio, on the 21st ult., Dr. L. M. Lawson, an eminent physician, widely known to the profession of the country.

MEAD.—In Greenwich, Conn., on Thursday, Jan. 28, Darius Mead, M. D., in the 77th year of his age.

VAN ARSDALE.—At Morristown, N. J., on Monday, Jan. 23, Henry Van Arsdale, M. D.

METEOROLOGY.

January	25,	26,	27,	28,	29,	30,	31
Wind.....	W.	S. W.	S. W.	S.	E.	N. E.	E
Weather.....	Clear.	Clear.	Clear.	Clear.	Clear.	N. E. Cl'dy, Rain, Th'dr, Li'g.	Cl'dy, Rain.
Depth Rain...							3-10
Thermometer							
Minimum.....	38°	42°	35°	35°	45°	36°	39°
At 8 A. M.....	45	47	36	47	50	37	31
At 12 M.....	55	55	55	55	63	36	38
At 3 P. M.....	57	54	57	61	64	35	39
Mean.....	48.7	49.5	45.7	49.5	55.5	36	36.1
Barometer.							
At 12 M.....	29.8	29.7	30	30.2	30.2	30.3	30.1

Germantown, Pa.

B. J. LEEDOR.

MORTALITY.

	Philadelphia. Week ending January 23.	New York. Week ending February 1.	Baltimore. Week ending February 1.	Boston. Week ending January 30.	Providence. Providence, R.I., Providence, Mass.
Popl'n. (estimated.)	620,000	1,000,000	240,000	180,000	24,000
Mortality.					
Male	174	255	65	42	11
Female	153	243	54	42	10
Adults	189	243	47	34	13
Under 15 years.....	148	249	70	84	10
Under 2 years.....	89	145	32	38*	10
Total.....	327	498	119	84	21
Deaths in 100,000...	52.74	49.80	49.58	46.67	21.8
American.....	245	323	...	59	...
Foreign.....	73	175	...	25	...
Negro.....	26	17	29	3	...
ZYMOTIC DISEASES.					
Cholera Asiatic.....	...	...	...	...	...
Cholera Infantum.....	...	...	...	...	...
Cholera Morbus.....	...	...	...	...	...
Croup.....	13	25	8	2	...
Diarrhoea.....	6	5	...	...	...
Diphtheria.....	8	29	1	2	...
Dysentery.....	...	1	...	...	...
Erysipelas.....	3	...	...	...	...
Fever, Intermittent.....	...	...	1	...	...
Fever, Remittent.....	1	...	...	...	...
Fever, Scarlet.....	1	20	3	11	...
Fever, Typhoid.....	14	16	1	2	...
Fever, Typhus.....	22	15	...	...	...
Fever, Yellow.....	...	...	...	...	...
Hoopings-cough.....	3	...	3	...	...
Indisposition.....	...	...	...	...	...
Measles.....	2	...	...	...	...
Small Pox.....	1	...	32	1	...
Syphilis.....	...	...	...	...	...
Trachoma.....	...	...	...	...	...
SPOKADIC DISEASES.					
Albuminuria.....	...	...	...	...	...
Apoplexy.....	5	8	...	1	...
Consumption.....	46	64	17	12	...
Convulsions.....	15	37	1	...	...
Dropsy.....	4	25	4	3	...
Gun-shot Wounds.....	2	...	...	...	...
Intemperance.....	...	6	...	...	...
Marasmus.....	9	19	...	2	...
Pleurisy.....	...	...	...	...	...
Pneumonia.....	36	42	2	10	...
Puerperal Fever.....	...	...	...	...	...
Scrofula.....	...	...	...	...	...
Violence and Acc'ts.....	5	26	5	3	...

* Under 5 years.

TO CORRESPONDENTS.

For the information of those who are not authors, we state that MANUSCRIPT INTENDED FOR PUBLICATION MUST BE WRITTEN ON BUT ONE SIDE OF THE SHEET. If greater care be taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

BACK NUMBERS.

Subscribers desiring old back numbers (excepting Nos. 303, 308, 309, and 310, which are still due, and will be sent) will please remember and send money to pay for them, and for postage, as many of the numbers are growing scarce, and we have to pre-pay the postage, two cents a number.